LANGUAGE, CULTURE, AND ACCESS TO HEALTH CARE:

THREE LOCAL PROGRAM PROFILES

The United States Conference of Mayors
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President
Mayor of Knoxville, Tennessee

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Language, Culture, and Access in Health Care:
Three Local Program Profiles

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EXECUTIVE SUMMARY

Many people in this country who speak little or no English still lack satisfactory access to medical care. Many have no health insurance and therefore seek health care services from local health departments and other local providers such as community health clinics. For those in this group who do have satisfactory access to medical services, these services must be available in the languages of the people being served, and provided through "cross-culturally-connected" delivery systems.

There are excellent programs across the county serving people who speak little or no English, but the availability of programs and practitioners to work with culturally diverse populations is still generally limited. In many cases the demand and the commitment is very evident, but adequate funding is lacking for special programs and there is a shortage of staff trained to work with diverse cultural and linguistic groups.

This report looks at how the nation's local health departments have responded to the needs of their cultural and linguistic minorities in terms of:

- the financial support within a given health department jurisdiction (i.e. city, county, city/county, multi-county, town-township);
- the type of public health services provided, which may range from core public health services to extensive direct primary and in-patient services;
- the diversity of languages spoken, the migration patterns and demographic characteristics of the people needing services; and,
- local agency experience in providing the needed services.

The United States Conference of Mayors (USCM) provides in this report three short case profiles of how three local health departments delivered services to culturally and linguistically diverse populations. It is hoped that these three profiles will provide local health departments, state and federal health policymakers, and other interested parties with useful examples of the problems and their solutions.

The report features:

1) Toledo, Ohio and its community worker outreach project to provide support services such as interpretation and transportation to clients seeking local medical services. These support services were reinforced with health education classes.

2) Springfield, Massachusetts and its community education model combining health prevention topics with community organizing techniques. Health education topics were delivered during outreach sessions known as "health talk circles."

3) Waterbury, Connecticut and its prevention outreach program that promoted the importance of early immunization within the local Hispanic community. Immunization messages were delivered using various methods of outreach.

CONCLUSIONS:

The results of these demonstration projects suggest that:

- Local health departments are aware of the need to increase access to health care for linguistic minorities, but there are restricted funding opportunities and limited staff experience in addressing specific problems encountered by these minorities. The constraints at both the local and national level limit the ability of local organizations to meet the growing demand with any type of long-term solution;

- Many local health departments face serious internal budgetary dilemmas, and therefore cannot afford to hire multilingual/multicultural staff, provide language-specific services, or maintain continuous linguistic and cross-cultural outreach; and

- An increase in the number of public health professionals from minority populations would facilitate improved service delivery to minority communities.

RECOMMENDATIONS:

Future efforts to reach cultural and linguistic minorities and to develop medical and preventive programs to serve them will require the specific allocation of resources, the design of targeted strategies and specific programs with an emphasis on long-term solutions, to wit:

- Specific strategies to recruit and retain bilingual/bicultural staff within local health department systems.

- Specific strategies to inform administrative staff of the importance of language-specific and culturally-appropriate services in local health systems and to promote cross-cultural training for medical staff.

- Cross-cultural training models applicable to all medical, nursing and clerical staff members of organizations and institutions serving linguistic and cultural communities to sensitize them to cross-cultural issues and differences.

- Programs for health and human service planners that recognize the impact and significance of cultural and language differences upon health and well-being.

- Networking of groups facing similar barriers so as to enhance advocacy efforts and build coalitions to address institutional change.

- Client intake forms that include questions of country of origin, ethnic background, languages spoken, and level of English language ability, with all documents, especially consent forms and health education materials, translated into languages spoken by populations receiving care.

- Mentor relationships between well-established, experienced organizations and those with little or no experience in working with non-English speaking populations.

- Local and statewide consortiums of agencies providing services to refugees, immigrants, and non-English speaking clients to increase coordination of services.

- A membership forum for medical interpreters meeting on a regular basis for discussion and training purposes.

INTRODUCTION

Providing effective health services to people who have little or no knowledge of English has become a major problem for caregivers in this country as refugees and immigrants from other lands have come to the United States in increasing numbers in recent years. It is a particular problem for Mayors and local health officers, for there are at least 14 million of us, probably many more, for whom the language and culture are foreign, and most of them live in cities and are poor. For many if not most of them language and culture are almost insurmountable barriers to health care. Programs of prevention, diagnosis and treatment of disease are lacking for those who are not fluent in English or are from cultures vastly different from that which here prevails. Without adequate health care linguistic and cultural minorities are at risk, and so, eventually, are we all.

Congress recognized the problem in the Disadvantaged Minority Health Improvement Act of 1990 (P.L. 101-527) which established the Office of Minority Health (OMH) within the Office of the Assistant Sectary for Health to ensure that information and services "are provided in the language and cultural context that is most appropriate for the individuals for whom the information and services are intended." The following year OMH transferred funds to the Health Resources and Services Administration (HRSA) for entering into a cooperative agreement with The United States Conference of Mayors (USCM) to give effect to Congressional intent and look closely at the problem of providing linguistically and culturally-appropriate services at the local level. Under this agreement USCM developed the Multilingual Health Assistance Project (MHAP), as a component of its existing Minority Health Initiative.

The MHAP proposed to raise local health agency awareness of how barriers of language and culture hinder access to health care. The goals of the MHAP are to: 1) identify the best practices in local health systems for addressing bilingual health care needs in cities; 2) assist in building consensus among local health providers and other key sectors, including representatives of linguistic groups, on ways local health systems can be made more responsive to the needs of non-English speakers; and 3) disseminate information which would facilitate the expansion of successful responses in communities across the country.

During the first year of the MHAP, USCM held a forum on multilingual health care needs, published a report on existing multilingual/multicultural programs, and adopted a number of resolutions on the need for multilingual health assistance. The report, Language and Culture in Health Care, released in January, 1993, included a literature review, a survey analysis and profiles of local programs. The profiles illustrated specific cross-cultural health programs in Boston, New York City, San Francisco, and Arlington County, Virginia, as well as refugee programs in Portland, Oregon, Seattle and Chicago. The report also contained recommendations on how local health systems could be made more responsive to the health care access needs of non-English speaking populations.

The report's survey of 175 local health departments revealed that only thirty percent of responding local health departments providing any specific service also targeted that service to non-English speakers. Forty-nine percent of the respondent health departments did not know if the non-English speaking populations in their jurisdictions were getting full use of available services. In addition, the

data indicated that over sixty percent of the responding local health departments had difficulty recruiting bilingual and bicultural staff.

A report conducted by the Association of State and Territorial Health Officials in 1992 provided a similar dismal view. According to this report, two-thirds of state health agencies lack trained multilingual,/multicultural health care workers, "a major impediment to addressing the needs of LEP [limited English proficient] communities." That same year, a report from the National Association of County Health Officials recommended training in language and interpretation skills for health department staff, for "interpretation and translation require knowledge of the language, including technical language, and perhaps even more importantly, the knowledge of the culture and the personal interpretation and understanding of health and illness." The report called for expanded recruitment and retention efforts for "representatives of racial, linguistic and cultural minority groups."

During year two of the program, the MHAP's goal was to provide one-year funding to develop and conduct demonstration projects in three cities, linking the grantees in those three cities to big-city health departments with extensive experience in providing services to non-English speaking populations. Three local health departments and three mentor health agencies were awarded grants in April, 1993 to develop cross-cultural demonstration programs. The goal of each local program was to improve the health status of limited/non-English speaking populations. Programmatic objectives revolved around community outreach, support services, staff training in cross-cultural issues and language concerns, ethnic groups and health issues.

The Springfield Health Department provided health education outreach to the Amerasian and Vietnamese communities; the South Cove Community Health Center of Boston was the mentor. The Toledo Health Department assisted Vietnamese, Cambodian, Laotian and Chinese populations in medical service access problems; the Chicago Health Department's Refugee Health Center was the mentor. The Waterbury Health Department promoted the importance of early immunizations within the Dominican and Puerto Rican communities; New York City Health Department's Cross-Cultural Affairs Office was the mentor.

This report contains short profiles of these three projects, together with a summary of the Multilingual Health Assistance Project conference held in October, 1993 in Springfield with representatives of the projects, the mentor agencies, national minority organizations and the federal government.

These three projects ended in December, 1993. In their short span of life they did much good work. Underscoring and documenting the importance of the need was not the least of their accomplishments. The need continues.

HISPANIC IMMUNIZATION INITIATIVE PROJECT
WATERBURY, CONNECTICUT

Waterbury's Hispanic Immunization Initiative Project (HIIP), a community outreach and education program, was established in response to the need to increase childhood immunization among the city's Hispanic population. The program was designed to raise awareness among Hispanics of the importance of immunization, identify barriers which prevent Hispanics from accessing immunization programs, and develop culturally-sensitive and linguistically-appropriate educational materials. HIIP was a collaborative effort between the City's Department of Public Health and the Hispanic Coalition of Waterbury, a volunteer community organization.

PROGRAM BACKGROUND

Hispanics comprise the largest minority group in Waterbury, a city with close to 109,000 people. According to the 1990 Census, Hispanics -- mostly Puerto Ricans and Dominicans -- account for 13.4 percent of the city's total population, growing in numbers by 111 percent during the last decade.

Many Hispanics face significant language barriers in accessing needed services. For example, 85 percent of the Hispanics in Waterbury who were included in the Census cited Spanish as their primary language, and approximately half over the age of five declared that they did not speak the English language well. A community needs assessment conducted by the local United Way in October 1990 showed that 95 percent of the Hispanics participating in the study perceive language barriers to services to be a "very serious" problem. Approximately half of the 21,000 patients seen at the Waterbury Regional Department of Pediatrics -- the largest site for primary pediatric care services in Waterbury -- are Spanish speaking, and of those about 50 percent do not speak English.

Waterbury's Hispanic population faces serious health care gaps. Compared to White pregnancies, for example, Hispanic pregnancies are three times more likely to have significant risk factors. A retrospective study conducted in March of 1992 at St. Mary's Hospital Pediatric Ambulatory Clinic and Stay Well Clinic in Waterbury, found that 31 percent of the 269 children participating in the study were late by one month or more in receiving immunizations, according to timetables established by the American Academy of Pediatrics. When children who consistently use walk-in clinics and/or emergency rooms for primary care were included, the survey showed that 57 percent of the children were late or underimmunized.

Culturally- and linguistically-appropriate health care has often not been available to Hispanic women and their families in the city. Bilingual and culturally-sensitive educational materials on health care issues are generally lacking, few agencies provide interpretation services, and bicultural and bilingual health personnel are scarce.

PROGRAM ACTIVITIES

The HIIP's major goal was to increase the immunization levels of Hispanic children in Waterbury by using locally-developed bicultural/bilingual materials to reach and educate Hispanic families. A secondary goal was to increase within the Health Department general cultural awareness and

sensitivity to the needs of the Hispanic population and to foster a healthy relationship between the Department, the Hispanic Coalition, and other local area agencies. The program had three phases:

- Review of existing immunization and well-child materials;
- Development of new materials; and
- Implementation of a health education campaign.

With funds provided through USCM's MHAP, the HIIP hired a bicultural/bilingual Hispanic Health Facilitator (HHF). Principal responsibilities of the HHF included: serving as a link between the Health Department's already established Immunization Action Plan and Infant Mortality Action Plan programs and the Hispanic community; and developing and implementing, in conjunction with other Health Department staff and the Hispanic Coalition, culturally-sensitive childhood immunization educational materials and outreach.

Cristina Martinez, a physician from the Dominican Republic with extensive experience in childhood immunization education and administration, was hired as the HHF and worked 25 hours per week on the project. One of Cristina Martinez's first acts was to compile and review existing immunization and well-child materials, a task which the Waterbury Health Department's Immunization Action Plan Coordinator had already begun.

Ensuring Community Input/Focus Groups

Community input in the development of HIIP's educational materials was perceived as crucial in ensuring the program's effectiveness. If they were to reach the greatest number of possible users within the target population, the new materials needed to be linguistically appropriate and reflect the community's needs and wants. Focus groups, representative of the local Hispanic Community, were used as the principal vehicle for accomplishing this objective. A total of five focus groups were held during the course of the HIIP. The project was the first of its kind in which the Waterbury Health Department used the focus group method, and clearly was an important learning experience for the staff.

Before holding the first focus group session, Cristina Martinez met with Hispanic community leaders, health professionals and social services providers to inform them about the project and to seek their help in formulating a list of focus group participants. In developing this list, careful attention was paid to the composition of the group, for it was important to have adequate representation from the Puerto Rican, Dominican and other Hispanic subpopulations.

Representatives of the Waterbury Department of Health and the Hispanic Coalition met on May 19, 1993 to discuss and formulate an agenda for the first focus group session. A number of questions, which would serve as a basis for discussion, were developed. The questions were designed to elicit relevant information from the focus group on: barriers to health care, specifically well-child care and

immunizations; the usefulness and appropriateness of existing immunization materials; and ideas, themes, slogans and media formats appropriate for the educational materials to be developed.

The first focus group, held on May 22, yielded useful information. Cristina Martinez, who facilitated the discussion, was concerned, however, that participants did not appear to be sufficiently at ease expressing their comments, suggestions and criticisms, and that there was some confusion about actual focus group procedures. She felt more information could have been obtained if the procedures had been better understood.

She then sought and received technical assistance on focus group procedures from both the USCM project officer and from the HIIP's Mentor Liaison, Stephanie Siefken, Director of the Cross Cultural Affairs Office of the New York City Department of Health. Ms. Siefken's vast knowledge of cultural issues and her expertise in the function and role of focus groups in health promotion activities was clearly an asset to the HIIP. Her visit to Waterbury in June proved to be particularly useful. The purpose of the trip was to provide on-site technical assistance to community representatives and health professionals involved in the project on how to develop educational materials, focusing on cultural matters, literacy levels, graphic design and other related issues, and how to organize, conduct and evaluate focus groups.

During her visit, Ms. Siefken met with Waterbury Health Department officials, including Ulder J. Tillman, the Department's Director, Laura Karwan, Maternal and Child Health Planner, and Cristina Martinez. The group reviewed many different types of childhood immunization educational materials, and spent considerable time discussing techniques for conducting successful focus group meetings. Ms. Siefken's specific suggestions included:

- Focus group members should not know each other. If participants are friends, neighbors or colleagues, they may not express their true feelings and thoughts about a given subject. By involving participants who are unfamiliar with one another, more unbiased comments and ideas are likely to be expressed.

- Focus group participants should be "anonymous." Participants should not be asked to disclose their addresses and phone numbers, and should be told that they can use an "alias."

- Focus group "agendas" should encourage open dialogue, rather than close-ended questions with negative connotations. Instead of asking why is there a significant problem with immunization, for example, the discussion facilitator should say "tell me what you know about immunization."

Ms. Siefken, along with Ms. Martinez, also met with Eric Cahow of the Hispanic Coalition of Greater Waterbury, Inc. The Coalition had been very helpful in offering other technical assistance in planning for the focus groups, and facilitating community linkages with the HIIP staff.

Based on Ms. Siefken's recommendations, the format was revised for the remaining four focus group sessions held during the project. Those sessions proved to be very productive. Focus group participants expressed what they liked and disliked in terms of specific messages and images they wanted to see in new childhood immunization materials.

Educational Materials/Community Outreach

After analyzing the results of all the focus groups, the Waterbury Project decided to develop the following materials:

- A multicolored calendar
- Four posters depicting Hispanic children's faces
- Brightly colored T-shirts imprinted with the immunization calendar.

The calendars used colorful photographs of Waterbury area Hispanic children and conveyed various "immunization messages." Deemed to be more likely to be utilized than brochures, the calendars provide information on immunizations and the specific diseases they prevent, and relay the importance of timely childhood immunization, using quotes from various individuals involved with the HIIP. The health department also developed three separate photographic posters, each with a positive message stressing that happy, healthy children are vaccinated children.

Implementation of the health education campaign was done primarily through radio programs and by distributing materials to target sites. Cristina Martinez and Eric Cahow worked together in delivering a series of short presentations on immunization topics on the local Spanish language radio station. These presentations were broadcast over a period of three months.

HIIP's materials were developed and printed in September, 1993. They have been widely distributed throughout the community. For example, Waterbury Health Department's Public Health Nurses and staff of the Immunization Outreach Program regularly distribute HIIP calendars to their clients during prenatal and postpartum visits; posters and calendars have been distributed to area pediatricians and prenatal clinics; and posters have been distributed to local Hispanic health care providers, community centers and businesses. In addition, project information was disseminated to other local health departments in Connecticut, as well as to the State Immunization Program.

PROGRAM OBSTACLES

The HIIP staff faced a number of hurdles in implementing this program. Specifically, they confronted a short project timeframe, red tape and bureaucratic bottlenecks in participating organizations, cultural insensitivity in agencies outside the Hispanic community, and difficulty in pooling needed resources to form cohesive alliances. These problems required special efforts to ensure collaboration and sharing of staff talents and abilities among the various agencies involved in the effort.

PROGRAM SUCCESSES AND ACHIEVEMENTS

Waterbury's HIIP has been a success for several reasons. Despite the short timeframe, the HIIP was able to accomplish its goal on schedule. It succeeded in making available for the first time educational childhood immunization materials sensitive to the linguistic and cultural needs of the local Hispanic community. By using focus groups, the HIIP educational/outreach materials were developed with an understanding of what was needed from a health perspective, and what was wanted from the community perspective.

The program has also had a positive impact on other health care and social service programs in the city. According to representatives of the Health Department and the Hispanic Coalition, the HIIP has helped inform staff of the other programs within the Department and of various outside organizations about the issue of immunization and the need to have services more culturally and linguistically responsive to the Hispanic population. Furthermore, collaborative networks that were formed through the project have continued beyond the short time period of the grant.

The Waterbury Health Department staff is excited about sharing the results of this project with other communities, with the hope that other cities might decide to pursue similar initiatives tailored to the specific needs and wants of their community.

ASIAN HEALTH ACCESS PROJECT
TOLEDO, OHIO

The Asian Health Access Project (AHAP) was developed by the Toledo Department of Health and Environment (TDHE) and the Asian Mutual Assistance Program (AMAP). The TDHE is an ambulatory care agency that provides medical and public health services. It is committed to promoting, maintaining, and improving the individual and community health of all citizens of Toledo, including those who are from ethnic minority groups and are economically disadvantaged. The AMAP is a community-based organization, whose goals are to help low-income Asians overcome cultural, linguistic, financial, and institutional barriers to receiving health care and social services.

PROGRAM BACKGROUND

The AHAP was implemented in April 1993 with MHAP funding from USCM, to assist low-income Asians in the Greater Toledo Area who speak little or no English to access the local medical care system. According to the 1990 Census, Asians account for 4,981 of Lucas County's total population of 462,361. Within the local Asian population about 24 percent have incomes below the poverty level, twice the national average for Asians. Many within this population are refugees and recent immigrants who do not speak the English language very well.

PROGRAM ACTIVITIES

The project objectives were to help clients overcome cultural, linguistic, logistical and financial barriers impeding access to services, and to increase the client population's awareness of preventive health care, early medical attention for acute problems, available medical and other AMAP services. The project was funded by a $40,000 grant from USCM. To carry out the project, a project manager and community heath coordinator already on staff were assigned to supervise a medical English instructor and several outreach workers hired from the Chinese, Vietnamese and Laotian subgroups of the local Asian community.

The AHAP provided medical English and health education classes as well as client support services in interpretation, transportation, and referral. During the nine months of the project, these various services were provided to 217 clients. In addition, AHAP offered six in-service cross-cultural training sessions to local health-care providers.

Interpretation and Health Education

To assist clients in overcoming cultural, linguistic, logistical and financial barriers, AHAP outreach workers provided interpretation and transportation services for doctors visits. An auxiliary outcome during these visits was to have the client remember physician instructions for treatment, medication, and follow-up. When a client was able to do this, the outreach worker noted this on a tracking form. If the client was unable to do this, the outreach worker restated the instructions until the client was able to repeat them correctly. The outreach workers were also required to arrange and attend follow-up appointments with clients.

To provide further assistance to clients in overcoming cultural, linguistic, logistical and financial barriers, AHAP held 20 weekly medical English classes in which the average attendance was 13 students. The substance of the classes focused on basic terminology and skills essential to obtaining medical care. AHAP staff consulted with various health educators and the mentor local health department on format, curriculum, and content matters to increase their effectiveness and relevance to the clients. The goal of the classes was to have 50 percent of the participants retaining at least 75 percent of the material being taught and able to demonstrate an ability to access health care services. The student success rate in meeting this objective was slightly higher than the anticipated success rate (based on the number of participants attending class regularly). Attainment of this outcome was determined through the completion of worksheets by students and the observations of teachers.

The AMAP was already providing monthly health education classes in three languages, Mandarin Chinese, Vietnamese, and Laotian. Regular class topics included a comparison of Western and Eastern health belief systems (including etiology of disease and rationale for treatments), how the health care system in the United States works, major categories of chronic illness, and the concept of preventive health care. Due to an increase in the target population's awareness of regular preventive health care and what appeared to be a lack of accurate TB information in the local Asian community, AHAP developed and added a new module on TB for the health education classes.

In designing the TB module, AHAP staff consulted with Phyllis Handelman, Executive Director of the Public Health and Education Association-Midwest, Inc. in Chicago and Helen Matzger, MPH, on specific issues relevant to presenting this topic to these target populations. In order to accommodate the different educational levels of the three ethnic groups, a decision was made to design and present the module in an interactive format. The module was presented to the Chinese and Vietnamese groups by a health professional in their native languages. Project staff were unable to find a health professional who spoke Laotian, and the presentation was made through an interpreter. The TB module, which included a screening, was offered twice to each target group during the life of the project.

No members of the Chinese or Laotian community attended the TB session the first time it was offered, which especially surprised staff since Chinese seem generally to be receptive to health education. In preparing the module, Ms. Matzger had contacted community members from each group to inquire about traditional beliefs and practices related to TB. She found that TB did not seem to be associated with strong cultural beliefs or remedies in any of the three cultures. When the Chinese failed to attend the class, however, AHAP staff were told that Chinese community members were afraid they would be seen as having TB if they attended the class, and would thus be stigmatized. They also assumed they would test positive for TB since it is endemic in China and they did not want to take prophylactic drugs with potential side effects. The lesson AHAP staff learned from this was that each of the ethnic groups could respond differently to a health topic. It is important to attempt to identify topics of specific concern to each of the groups, and to find other ways to reach those who would not attend classes on particular topics. For example, since many

Chinese avoided the TB class, AHAP provided TB information to the Chinese in the English classes they were attending and through a newsletter.

Pre-and post-tests were designed and translated for use with groups whose educational levels permitted written testing. The TB screening session resulted in many questions about why some people with positive skin tests were being treated and others were not. To address these questions a health education session was scheduled with the Medical Director of the Toledo Health Department during one of the medical English classes with a high attendance rate.

During the month of September, a community screening for prostate cancer was offered in the community. Due to this screening opportunity, project staff included prostate cancer information during the TB classes to encourage clients to take advantage of the prostate screening. There was so much interest expressed in the prostate screening that AHAP staff held a separate class on prostate cancer.

The AHAP provided six in-service training sessions to the staffs of local health care institutions to help them increase cross-cultural sensitivity to the needs of Asian clients. Pre-and post-testing were included in the training. The first in-service training was given in August to the staff of the Toledo Family Health Center and dealt with Chinese traditional medicine, its interaction with and relation to Western medical treatment regimens, as well as aspects of Asian cultural practices, family structure, and religious beliefs as they relate to health care.

The second training session was held in September and was attended by thirty staff members of the Toledo Health Department. Following the training most of the participants reported that they found the session very useful. During the final project period from October to December, four more training sessions were conducted. They were given at the Ryder Early Intervention Center, the St. Vincent Family Care Center, and at a conference at the Medical College of Ohio on "Ethics, Legalities, and Psychosocial Issues in Nursing Care." The sixth and final session consisted of an informal meeting among Toledo Hospital nurse midwives and Toledo Health Department and AMAP staff.

Information Services and Publications

A brochure on overall AMAP assistance for low-income Asian clients was developed and mailed to local physicians, clinics, hospitals, community organizations, and schools. The brochure contained information for providers in Vietnamese, Laotian, and Chinese, as well as in English. The AHAP staff received a total of 33 calls from providers after the brochure was sent out in August, an average of eight calls per month. The six in-service training sessions mentioned above were scheduled as a direct result of the mailing and the inquiries it inspired.

Part of the AHAP's second objective was to publish and distribute a newsletter. The newsletter provided clients with pertinent information about services available through AMAP and local health providers, and news of community events such as the TB and prostate cancer classes and screenings

and immunizations. The goal was to have 100 families (50 Chinese, 25 Laotian, and 25 Vietnamese) receive one issue of the newsletter in their own language. Copies of the newsletter, along with the brochure, were sent to a total of 176 families: 31 Laotian, 95 Chinese, and 50 Vietnamese. It was hoped that five new clients would contact AMAP for assistance after receiving the newsletter; 23 did.

PROGRAM OBSTACLES

The short time allotted to the accomplishment of the program goals was a problem in Toledo, as it was in the other two cities, and there were procedural difficulties associated with the administration of grant funds. But these were manageable. A different kind of problem came with the reassignment of a key person as the project was well underway. At the beginning of the AHAP Joan Nigh, Director of the Chicago Health Department's Uptown Clinic, served as the Mentor Liaison. As a result of many years of working with a wide assortment of refugee groups, the Uptown Clinic staff is very knowledgeable about linguistic and cultural issues and how they relate to health care. Ms. Nigh's expertise in this area was a decided asset to the AHAP. But she was reassigned to a different division, there was some delay in replacing her, and there was less interaction between the Toledo project staff and the Chicago staff as a result.

While verbal feedback from the teachers and participants attending the medical English classes was positive, irregular attendance by some of the participants was a problem. A total of 67 people attended the 20 classes at various times during the project, but only 12 attended regularly. A survey conducted in September indicated that the lack of transportation was the major reason. In anticipation of this problem the AMAP offered free tokens for bus fare, but the Toledo Chinese Alliance Church where the classes were held was difficult to reach by bus. One of the recommendations for the future is that classes be held in a more central location, such as the offices of the TDHE.

PROGRAM SUCCESSES AND ACHIEVEMENTS

The project made several contributions of lasting value to the city of Toledo. Not the least of these is a general improvement in the delivery of health services to people much in need of access to better care, and a heightened awareness among both clients and providers of the kinds of services available through the AMAP. In addition, the very fact of carrying out the work toward project goals was itself a demonstration that these were real needs not previously met.

A process and outcome evaluation was built into the project timeline. This evaluation involved quantities and types of visits, attendance levels of English classes, and results of English classes in document form. The AHAP staff were successful in providing language-specific and culturally-relevant services where they once were limited. The TDHE and AMAP both recognized that the AHAP could be beneficial to other related programs by increasing the sensitivity and awareness of other TDHE program staff to the needs of the local Asian population.

The AHAP was able to educate other organizations about the health issues within the local Asian community and the problems of cultural and linguistic sensitivity. The Toledo experience proved that an innovative project like the AHAP is relatively easy to implement and relatively inexpensive too, and yields excellent results. The collaborative networks that were formed over the past months continued well beyond the grant's short time period. The AMAP and TDHE staffs are both excited about sharing AHAP results with other cities, in the hope that other cities might decide to pursue a similar initiative tailored to the specific needs of their linguistic minorities. The AMAP and the TDHE also hope that this kind of funding will again be made available to health departments and community-based organizations.

By working with Helen Matzger, MPH, Phyllis Handelman, and the Refugee Health Program of the Chicago Health Department, AHAP staff gained much useful information on presenting health education. While the AHAP staff was only able to meet twice with its mentor, the assistance of the Refugee Health Program of the Chicago Health Department was extremely valuable to AHAP staff in providing important contacts with other individuals and agencies doing similar work around the country. The mentor also provided technical assistance in areas such as health education, translation, and administrative issues. In addition, AMAP staff learned much about funding sources from the mentor.

Overall, AHAP staff learned how to present information in ways (such as using an interactive format, working with each ethnic group separately, and providing handouts) that would make it more accessible to the various ethnic groups. The AMAP now has a better idea about what some of the barriers to health education are, and how to overcome them, and it plans in the future to link health education to screening or other health services whenever possible. The AMAP also now knows more about how state and federal agencies and national minority organizations operate. This has broadened the perspective of the AMAP and will increase its ability to provide quality services to the local Asian community through such projects as the AHAP.

AMERASIAN/VIETNAMESE WOMEN'S HEALTH INITIATIVE
SPRINGFIELD, MASSACHUSETTS

Springfield's Amerasian/Vietnamese Women's Health Initiative (AVWHI) was designed to promote health among Amerasian/Vietnamese women and their families by reducing language and cultural barriers restricting access to health care services. The AVWHI raised awareness of health issues in the target population and awareness of Amerasian/Vietnamese issues among local health providers. Agencies collaborating with AVWHI were the Springfield Public Health Department (SPHD), the Spanish American Union (SAU), the Baystate Medical Center (BMC), the Amerasian/Vietnamese Health Project (AVHP), and the South Cove Community Health Center (SCCHC) of Boston.

PROGRAM BACKGROUND

The Massachusetts Department of Public Health (MDPH) and the AVHP estimate that there are between 5000 and 7000 Vietnamese living in Springfield. Of these, approximately five hundred are Amerasians, the children of American men and Vietnamese women. Springfield is a federally designated cluster site for the resettlement of Amerasians.

Refugees from Vietnam often bring with them a wide range of physical and mental health problems. The birth rate among Vietnamese in general is estimated to be fifty percent (50%) higher than the general population. Most Amerasians are in their childbearing years, with eighty percent (80%) between eighteen and twenty-three (18-23) years of age. In addition, about forty three percent of Vietnamese women are not receiving adequate prenatal care, according to MDPH. Traditionally, women in this target population take primary responsibility for the health of their families. Due to language and cultural difficulties, they are often ill-equipped to make use of the American health care system, and their own and the health of their families may suffer.

It is well known that limited or non-English speaking populations face difficulties in accessing and utilizing health services due to: 1) culture and language barriers; 2) lack of appropriate information and education; 3) lack of culturally-sensitive health care providers; and 4) lack of professional medical interpreter services. These difficulties, coupled with what we currently know about the health problems of the Amerasian/Vietnamese refugee population in general, are strong reasons for appropriate action.

PROGRAM ACTIVITIES

The goals of AVWHI were to gather information on the health needs of Amerasian/Vietnamese women in Springfield, to promote awareness of health issues among these women, to promote awareness among local health care providers of Amerasian/Vietnamese concerns, and to encourage links between these women and health care agencies. The principles of community-based services and cross-cultural awareness were integrated into the design and development of the project. To carry it out a grant of $41,000 was provided.

Health Education Training

Two bilingual women, one Vietnamese and one Amerasian, were hired as program staff. Since neither had previous experience working in health and human services, they required extensive training in these areas: the principles of empowerment education and community development, the conduct of culturally-sensitive and language-specific community outreach, and reproductive health, breast cancer, and women's health in general.

The specific subjects of the initial staff training were: Introduction to the AVWHI, The Role of Community Workers as a Cultural Bridge, Empowerment Education -- Philosophy and Methodology, Understanding the Needs of Multilingual Communities, Identifying Community Resources, Ways of Teaching/Ways of Learning, Breast Health Education, Reproductive Health Education, General Women's Health Education, Principles of Popular Education, Developing Women's Groups, Group Dynamics, Conducting Community Outreach, How to Use Health Education Materials/Equipment, and Health Care Delivery Systems. As the project continued, additional training was provided in the areas of domestic violence, substance abuse, and family health.

The AVWHI was designed as a component of Women's Health Connections, a larger program funding health education activities in several minority communities in Springfield. Women's Health Connections is a partnership between the Spanish American Union and the Baystate Medical Center and targets low-income women, specifically Hispanic, African American, and refugee and immigrant women of all ages at highest risk for morbidity and mortality. The Springfield Public Health Department administered the AVWHI grant. The American/Vietnamese Health Project (AVHP) and South Cove Community Health Center of Boston provided technical assistance to the AVWHI staff, helping to collect and assess existing materials in Vietnamese and to design and implement health training sessions. The AVWHI staff adapted some materials for content where available materials were inadequate.

The AVWHI staff, with assistance from AVHP, conducted two focus groups among Amerasian/Vietnamese women at Springfield's Forest Park Library, in a neighborhood where most of the target population resides. Attendees confirmed an interest in obtaining health information in Vietnamese, in receiving help in accessing the health care system, and in participating in "health talk circles."

Health Talk Circles

"Health talk circles" were the principal program activity of AVWHI. Eighteen of these small gatherings of women, facilitated by AWVHI staff, were held in private homes and featured exchanges of information on topics like prenatal care, family planning, nutrition, breast cancer, and AIDS. Aside from the purely informational content, the opportunity for women to gather and share their health concerns and needs was much appreciated in the community.

The AVWHI, supported by SCCHC, held a half-day forum entitled "Strategies in Providing Health Services to the Asian Community." Thirty people attended, including some public health nurses and practitioners of community medicine. The focus was on understanding cross-cultural issues that would enable them to provide better quality health care.

Project staff participated in other community-wide events where community outreach was conducted and health education information was provided, including Family Fun Day-United Way, Puerto Rican Cultural Festival, Food Commodity Distribution sites, Family Health Summit-Springfield Health Department, Department of Public Welfare, and the WIC program.

Project staff also worked with other existing groups and agencies serving local refugee populations. Project staff participated in the Springfield Public Health Department's comprehensive health planning process and that of a newly-funded community health center. Actual network building included coordinating and building relationships with the Amerasian/Vietnamese Health Project, the Vietnamese American Civic Association, the Health Interpreters Taskforce, the Refugee Resettlement Program, the South End Community Center, the Food Stamp Outreach Project, the Women Infants & Children (WIC) program, the Housing Allowance Project, and the Fair CARE - Coalition Vietnamese Physician.

PROGRAM OBSTACLES

A primary obstacle faced by the program was its inability to find culturally competent staff with experience in health education, which led to hiring principal staff without health experience. These women had to be trained extensively, and doubted their ability to carry out the project's tasks. The need for additional training delayed program activities. The project's timeframe was already very short.

A second obstacle was that community members expressed a great variety of needs for government and other public services, many of them not directly related to the health concerns of AVWHI. This meant becoming knowledgeable about community resources through networking with other health and human service providers to provide accurate information and make appropriate referrals. The scope of these additional needs tended to overwhelm the staff and make it difficult to focus on the specific goals of AVWHI.

A third obstacle was that as part of the Women's Health Connections, a larger program serving several minority communities, the AVWHI staff had to devote time to overcoming cross-cultural barriers that made it difficult to function as part of the larger program. For example, the idea of community worker meant different things to different people. For the Vietnamese health educator it was related to class and status issues, which historically perpetuated barriers instead of breaking them down. The community worker concept is more familiar in the Latino community which has a longer experience with human services.

And the small number of direct service medical personnel to attend the health care provider forum was a distinct disappointment. The low attendance was attributed to insufficient advance notice and the difficulty of attracting doctors and nurses to non-scientific forums.

PROGRAM SUCCESSES AND ACHIEVEMENTS

The AVWHI contributed substantially to the continuing efforts to find ways to meet the health needs of the Amerasian/Vietnamese population in Springfield. In using Amerasian/Vietnamese staff to build networks throughout the community the project heightened awareness of the needs and at the same time laid the foundation for continuing efforts to meet those needs.

To promote the health and well-being of any community, it is essential for that community to be involved. The AVWHI contributed much to the empowerment process by allowing community members to identify their problems, to advocate for their rights, to seek resources that will best meet their needs, and to seek opportunities to improve their quality of life.

1993 NATIONAL
MULTILINGUAL HEALTH ASSISTANCE PROJECT CONFERENCE
Springfield, Massachusetts
October 15 and 16, 1993

Approximately 50 persons attended the 1993 Multilingual Health Assistance Project (MHAP) Conference held on October 15 and 16, 1993 in Springfield. The MHAP Conference was organized by The U.S. Conference of Mayors, with the assistance of the Cross-Cultural Affairs Office of the New York City Department of Health, and the financial support of the U.S. Health Resources and Services Administration and the Office of Minority Health (OMH). It was convened at the Springfield Holiday Inn on the first day, and at the Greek Cultural Center on the second day. Its purpose was to review and assess the three projects described in the preceding pages of this report, to analyze their findings about barriers to health care for linguistic and cultural minorities, and to share information about lessons learned and successful approaches to meeting health care needs.

The conference opened with a brief overview of the MHAP by the project's National Advisory Group co-chair and conference facilitator , Stephanie Siefken of the New York City Department of Health, following which there were presentations by Doleris Williams of the Springfield Health Department, Joan Jacobs of the Office of Minority Health, Lynda Honberg of the Health Resources and Services Administration, Maria Morales-Loebl of the Spanish American Union, Janet Scott Harris of OMH's Region I office, B.J. Harris and Richard C. Johnson of The United States Conference of Mayors. Mayor Robert T. Markel of Springfield welcomed the group and spoke to the needs the conference was addressing.

Presentations by community representatives and officials of local health departments and the mentor agencies of each project were important features of the conference. The presentations discussed the development procedures of each multilingual project, the barriers encountered during the development process, the solutions devised to deal with those barriers, and the feasibility of adapting these models to other local health departments throughout the United States.

During the second day of the conference, four national minority organizations presented overviews on their respective missions, current work, and ability to provide technical assistance in areas such as resource development and long-range planning. The four organizations were the National Council of La Raza, the National Coalition of Hispanic Health and Human Services Organizations, the Association of Asian/Pacific Community Health Organizations, and the Asian American Health Forum.

The conference concluded with a participatory workshop on comprehensive health planning for multilingual communities. This workshop discussed issues such as strategies for expanding the use of models, funding concerns, and the development of action plans. This was an interesting and useful session involving an information exchange between federal representatives, local project coordinators and outreach workers. Much of this session focused on funding opportunities.

Overall, the conference was an opportunity for the participants to exchange information about health education, outreach techniques, language-specific materials, the elusive factor of cultural views and values in health care, and collaboration between local health departments and community organizations in bringing better health services to linguistic and cultural minorities.

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